



Gulf Coast Joint VA/DoD Healthcare Network “Center(s) of Excellence”

Joint Venture Conference
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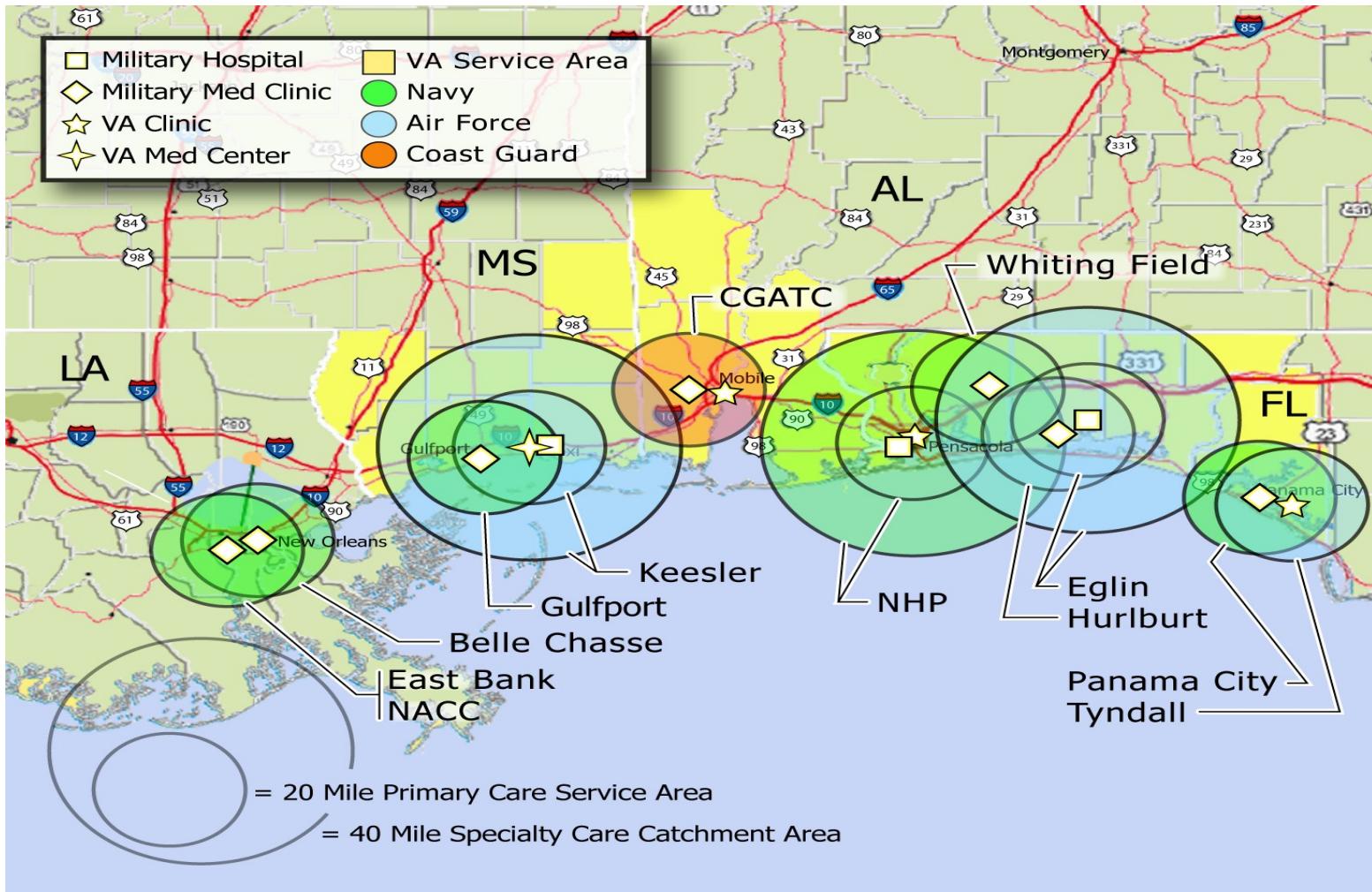


Agenda

- Centers of Excellence Approach to Sharing
- Our Sharing Success
 - What Makes it Successful
 - Reimbursement Arrangements
 - Barriers to Overcome
- Best Practices
- Lessons Learned
- Contact Information



Our Approach to Sharing A VA/DoD Healthcare “Network”





Our Sharing Arrangement Governance Model

- Center(s) of Excellence structure different than other existing JV sites
- Three “Co-Equal” partners:
 - VAGCVHCS/Keesler Medical Center/Naval Hospital Pensacola
- Over-arching governance structure designed to promote sharing opportunities
- Two “centers of gravity”: VAGCVHCS/KMC & VAGCVHCS/NHP
 - Independent management structures
 - Realignment of medical service product lines between the VAGCVHCS/KMC and VAGCVHCS/NHP



JOINT AMBULATORY CARE CENTER (J ACC)

Projected VA/Navy Shared Space/Services



CURRENT

- Urology, Ortho Surg, ER, Inpatient, Radiology, Pharmacy, Lab

PROJECTED

- Primary Care
- Joint Dental: Oral Surgery/Dental X-ray
- Joint VA/Navy Physical Medicine/Rehab



FUTURE

- Expanding J ACC/Naval Hospital
- Sharing J ACC Recurring Costs
- Lab/X-ray/Dental/PM&R
- Inpatient, Surgery, ER, Specialty Care
- Ambulatory Surgery, Pain Clinic



PANAMA CITY CBOC

VA/Navy Shared Space/Services



CURRENT

- Laboratory
- LDSI
- Radiology

PROJECTED

- Audiology
- Dental
- Diet/Nutrition/Counseling
- Mental Health
- Pharmacy



EGLIN CBOC

Projected VA/Air Force Shared Space/Services



PROJECTED

- Emergency
- Radiology
- Specialty Care
- Dental



VA Gulf Coast Veterans Healthcare System/Keesler Medical Center



Current Sharing Initiatives

- Inpatient Services:
 - Med/Surg, OB/GYN, ICU
- Outpatient Specialty Care:
 - Women's Health, Plastic Surgery, Neurology, Orthopedics, Dermatology/Mohs Surg
- Residency Training
- Ancillary Services
- Mammo Screen/Diagnostic W/U



- OB/GYN Ultrasound & CT
- Quality Management
- Audiology
- Dental Services
- Medical Records
- Tumor Board Conference
- Education and Training
- Sleep Studies Center of Excellence



VAGCVHCS/KMC

Ongoing Actions

- Continue to work identified collaborative opportunities:
 - Clinical/Administrative Opportunities AF/VA Brainstorming Session —Part I and II
 - VAGCVHCS/KMC Collaborative Standard Operating Procedures Workgroup
 - BHIE - CHDR - Bi-Directional Health Information Exchange/ Clinical Health Data Repository
 - Reciprocal Network Access: Overcoming Barriers
- VAGCVHCS/KMC 2008 Start-Ups
 - Genetics Lab: est. Spring 08
 - Ophthalmology (cataract surgery): est. Spring 08
 - Radiation Oncology Center of Excellence: est. Aug-Sep 08 start-up



VAGCVHCS/KMC

Proposals Under Review



- Credentialing Process
- Infectious Disease: track data/share studies
- Staff Education & Training
- Peri-Operative Training
- Pathology
- Dental Implants: KMC residency program
- Specialty Chemistry: using same reference lab
- Breast Imaging Center
- Radiology: radiologist support for Biloxi VA
- Nuclear Cardiology: train KMC nuclear medicine
- Dental Pathology
- Group Patient Education Classes
- Occupational Therapy
- VA Psychiatry Capability
- Cancer Center of Excellence VA campus
- Clinical Dietician Support
- GI: staff sharing
- Implants: reimbursement collaboration
- VA Admin Support at KMC: liaison(s)
- Podiatry



What is Successful

What is our sharing arrangement?



- Centers of Excellence model
 - Two “centers of gravity”
 - Freedom to deviate from a “one shop fits all” approach (VA, USAF, USN)
- Over-arching governance structure
 - Leaves independent management structures
 - Realignment of medical service product lines between the VAGCVHCS and KMC
 - Allows each partner to exploit the best services each offers to benefit the entire beneficiary population
 - Service area with greater expertise/capacity takes the lead role
 - Combined synergies allows for greater capacity, thus reducing network leakage



What is Successful

What are the reimbursement arrangements ?



- Reimbursement is based on VA/DoD Resource Sharing Agreement 2000- FRS-0170E
- Outpatient and ancillary procedure billing is established through at the CHAMPUS Maximum Allowable Charge (CMAC) less 10%
- Inpatient billing is based on VA/DoD Sharing guidelines dated August 2006, which is DRG weight less 10%



Overcoming Barriers

- Base Access
 - Interim solution worked, but not optimal
 - Veteran instructed on base access prior to appointment
- Credentialing
 - Each side still working the process; can be lengthy/costly
- Referral practice patterns
 - Tackled on a service by service basis to ensure routine referrals not issued for tri-state travel
 - Systems cannot communicate—a symptom of...
- System platform interoperability
 - BHIE/CHDR implementation milestones take time
 - Training staff on each system
- All of this are systemic issues that need to be addressed at the Service/DoD/VA level



Our Best Practices

- Taking JV relationship to a regional level
 - Going beyond a direct, two-party relationship (VA, USAF, USN, USA, USCG)
- Overarching MOU
 - Operational Plans vs individual MOUs
 - BUMED policy impact
 - Allows for easy local review/changes
- VA/DoD Joint Strategic Planning Summit
 - Held at least annually between all functional experts and senior leadership



Lessons Learned

- Governance structure driven by the local environment
- Joint Market Opportunities Work Group
 - Need to establish centralized “best practice” clearing house that all JVs can go to
 - Medium for identifying trends in systemic issues across the board that can be driven to Services/HA/VA HQ level for resolution
- Communication
 - Greater communication at all levels needed
- Establish Workgroup Meetings
 - Meet frequently, especially in the beginning



Questions?
